

# **PIEDMONT GERIATRIC HOSPITAL**

**Burkeville, Virginia**

## **Follow-up Snapshot Inspection**

Office of the

Inspector General

### **EXECUTIVE SUMMARY**

This report summarizes the findings during a follow-up inspection of Piedmont Geriatric Hospital, which occurred on Friday, July 14, 2000 during the day shift. The primary purpose of this visit was to conduct a brief, routine and unannounced inspection of the general conditions of the facility, the activities of the patients and the staffing patterns on the day of the inspection. This type of inspection is referred to as a snapshot inspection.

The team reviewed progress by the facility in implementing a revised interdisciplinary process for formulating treatment plans. Treatment planning had been an area of concern during a previous primary inspection of the facility.

Overall the facility was in good general condition and the patients were generally actively engaged in appropriate treatments. Hospital staff has made impressive strides in the enhancement of treatment planning. Concerns are raised about night RN staff availability.

Findings in this report constitute a summary and would be taken out of context if interpreted without a review of the accompanying background material.

**Facility:** Piedmont Geriatric Hospital

**Date:** July 14, 2000

**Type of Inspection:** Follow-up Snapshot Inspection

**Purpose of the Inspection:** To conduct a brief unannounced inspection of the general conditions of the facility, the activities of the patients, the staffing patterns and a review of a previous area of concern.

**Reviewers:** Cathy Hill, M.Ed.  
Laura Bjorklund, LCSW  
Carolyn Haden

**Sources of Information:** Interviews were conducted with staff and patients. A tour of the unit occurred with a focus on the treatment environment and psychosocial programming. Records were reviewed with an emphasis on the treatment planning process. Menus were reviewed and well as program descriptions. The facility provided team members with its Professional Services Plan (February 2000) and a handbook for patients and families for background and review.

**Areas Reviewed:** Section One / General Conditions  
Section Two / Activity of Patients  
Section Three / Staffing Patterns

## SECTION ONE

### GENERAL CONDITIONS

---

**Finding 1.1: The relationship between staff and patients creates a “home-like” atmosphere despite an orderly institutional setting.**

Background: The census on the day of the inspection was 124 patients. 123 individuals were being provided with care within the facility and one patient was on special hospitalization status at the local general hospital. The team arrived just prior to the beginning of a special activity that included a sock-hop and ice cream social. Staff and patients in attendance seemed to genuinely enjoy the activity.

It is recognized that creating a home-like atmosphere in an institution is difficult. While touring, Unit 1 West, it was noted that the environment was well maintained and orderly, but to such degrees that it appeared absent of regular daily living. Despite this very institutional appearance, the team observed very genuine and caring interaction between staff and patients during the sock-hop activity. The interaction seemed genuinely positive and family-like, highly enjoyed by both staff and patients.

**Recommendation: Continue to review ways to create a more natural living environment in this institution.**

---

**Finding 1.2: Patients interviewed were, in general, complimentary of the facility.**

Background: Although patients interviewed overall made positive statements about the facility, one person verbalized a concern about the length of time between meals and the quantity of the food served. She stated that there were not snacks available in-between meal times. A review of the menu and snack list did reveal that juices and a bedtime snack were generally available for patients. A canteen is available for those capable of purchasing additional snacks.

**Recommendation: Review the availability of in-between meal snacks for individuals and increase patient awareness that these items are available.**

---

**Finding 1.3: The treatment environment was well designed for promoting client independence.**

Background: Within the 1 West Unit, there is a beauty salon, token store, kitchen quarters, treatment conference room and gift store; each providing patients with an opportunity to exercise choices and to gain awareness of available resources and activities. In addition, there are several small group rooms and lounges. At the salon, patients are encouraged to set up their own appointments. Patients are able to use their own funds at the gift store and canteen. Overall, the ability to experience increased independence encourages appropriate behavior; good grooming habits and independent living which are several of the stated goals of the unit.

**Recommendation: Use these successes as models for further program development.**

---

**Finding 1.4: Virtually every staff member encountered during this inspection expressed concern about the shift in catchment area.**

Background: A recent shift in the designation of the primary hospital serving the Central Virginia Community Services Board (CSB) in Lynchburg has resulted in patients previously targeted for admission to this facility, from that region, being admitted to Catawba Hospital near Roanoke. Because Catawba Hospital serves both the adult and geriatric populations, individuals from the Central Virginia CSB can be served by a single facility instead of two, as previously, because of the specialization of both Piedmont Geriatric Facility (geriatric) and Southern Virginia Mental Health Institute (non-geriatric adult) in Danville. Several years ago, it was recommended that PGH be closed. This recent shift in service areas has resulted in renewed concern of PGH staff on all levels, that Piedmont Geriatric Hospital may be targeted for closure.

**Recommendation: None.**

---

## **SECTION TWO**

### **ACTIVITY OF PATIENTS**

---

**Finding 2.1: A review of the Functional Living Independence Program (FLIP) found individualized treatment that was clearly designed to increase independent functioning.**

Background: This review focused primarily on Unit 1West. This unit houses the Functional Living Independence Program (FLIP) and the Therapeutic Activity

Rehabilitation Program (TARP). According to the facility, the primary treatment objectives of these programs and the Unit are: 1.) The reduction of targeted behaviors that have been identified through an interdisciplinary treatment focus 2.) The active involvement of patients in psychosocial programming and 3.) The improvement of function whenever possible in primary areas of daily living.

During the tour of the FLIP program space, the team noted several bulletin boards with event calendars, announcements and schedules. In the treatment conference room, the weekly schedule was posted so patients could check on required meetings of the treatment team. Also, each patient has a notebook on the floor, which summarizes his or her individual progress on treatment plan goals. Overall, this demonstrated an active, goal-oriented treatment process that was individualized and geared towards the attainment of the highest level of independence.

**Recommendation: None. Continue to provide active treatment.**

---

**Finding 2.2: There was evidence of patient involvement in the selection of items available in the token store.**

Background: Staff indicated during the tour that they rely on patient requests and input to stock the token store. Patients earn points for each group in which they participate in each day. The points can be cashed in on Fridays. The system appeared individualized and effective. The items available for purchase were appropriate and desirable for this population.

**Recommendation: Keep up the good work! This is one of the most integrated token stores within our system.**

---

**Finding 2.3: Patients were engaged in appropriate activities.**

Background: The inspection occurred on a Friday afternoon. On this particular day, the regular psychosocial activities were canceled, and a special event was planned. As previously mentioned in this report, the activity for that day was a combination sock-hop and ice cream social. The team observed the participation of both staff and clients. Efforts are made to provide “fun” activities that also have therapeutic value. This event provided opportunities for practicing social skills.

The current programming at PGH clearly represents an active treatment model. Programming at this time is meaningful for the patients and takes into consideration physical and mental capabilities as well as treatment needs and stage of life.

**Recommendation: Continue to provide activities that are meaningful to patients and assist in their return to the community.**

---

### **SECTION THREE**

#### **STAFFING PATTERNS**

---

**Finding 3.1: There is inadequate RN coverage for this facility on weekends, during evening and night shifts as well as weekdays on night shift.**

Background: The geriatric psychiatric population, as identified in facility literature, is one that has specialized needs requiring specialized interventions and treatment. It is common for individuals receiving care at this facility to have multiple physical challenges and treatment concerns as well as the psychiatric and behavioral problems that complicate their ability to live effectively in the community. Because of the complexity of their presenting issues, this population often needs a higher level of medical and psychiatric oversight and care. This certainly requires the type of ongoing clinical assessment, which can only be provided at the RN level of skill and training. The absence of RNs during the weekday night shift and weekend evening and night shifts on all but one unit is concerning.

Administrative and clinical management staffs recognize this problem and spoke extensively about the hiring and retention difficulties they experience with RNs. Creative use of flex time and non-traditional shift hours might help in the approach to this problem.

**Recommendation: Facility management and Central Office develop a plan to correct this deficiency in RN staffing.**

---

### **SECTION FOUR**

#### **TREATMENT PLANNING**

---

**Finding 4.1: Treatment plans demonstrated a connection between initial assessments, goals and interventions with a focus on barriers to discharge.**

Background: Good Job! The extensive effort that has gone into the revision of the treatment planning process is clearly evident in review of these charts. During the Office

of Inspector General primary inspection of this facility in 1999, it was learned that the facility had hired a consultant to help in the streamlining of the assessment process and in the development of a more efficient and effective treatment planning process. Records of patients admitted recently were reviewed. Goals and interventions were clearly linked to the assessments and reflected an emphasis on individual barriers to discharge. Treatment plans addressed strategies for dealing with both medical and psychiatric concerns that were to be focused on during the course of the hospitalization. There were several mechanisms, one being the collection and charting of behavioral data, which seemed particularly valuable in providing on-going feedback to the treatment team. This enables the team to make timely adjustments to care to maximize patient recovery and ultimately return to the community whenever possible.

Although the facility has converted all of the records to the new system, it was more difficult to track the treatment process in the records that had been converted versus the records of individuals admitted following the onset of the revised process.

**Recommendation: Continue to fine-tune this system with an emphasis on the use of behavioral data, which provides valuable objective information to the team.**